

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 780590	FILING DATE 2-8-01	
CLAIMS							* IND. DEP. IND. DEP. IND. DEP.		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
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12	/						62		
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18		/					68		
19		/					69		
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31		/					81		
32	/						82		
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36		/					86		
37		/					87		
38		/					88		
39		/					89		
40	/						90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47	/						97		
48	/						98		
49	/						99		
50							100		
TOTAL IND.	8						TOTAL IND.		
TOTAL DEP.	41						TOTAL DEP.		
TOTAL CLAIMS	49						TOTAL CLAIMS		